

What is your complaint? _____

When did this happen? Give date _____ and time if known _____

Where did it happen? In the professional's office? () In your home? ()

Other: _____

PLEASE WRITE THE DETAILS: What Happened? Who did what to whom? What was said? Then what happened? What was the effect or the result of the treatment or the behavior or service on you, the patient, or the client? You may use additional sheets of paper if necessary, however; you **must sign each sheet**.

AUTHORIZATION FORM
ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS

I request and authorize _____
And/or any other licensed professional or practitioner and the _____
Organization and/or any other institution to disclose fully to the Alabama State Board of Social Work
Examiners and its authorized representatives, all information and records relating to the diagnosis, treatment,
prognosis or service made for and/or on my behalf by the said practitioner or institution.

I hereby waive any and all personal privilege, which may attach to such information.

Date: _____ Your Signature: _____

Witnessed By _____ Date _____ (Please print your name)

